General Instructions for Completing the Application for Help with Medicare Prescription Drug Plan Costs



To Provide Extra Help in Paying for Your Drug Expenses

Do you (or the person you are helping apply) have Medicare and Supplemental Security Income (SSI) or Medicare and Medicaid or does your state pay your Medicare premiums?

If the answer is YES, do not complete this application because you automatically will get the extra help. You will receive another letter about how you will receive the extra help. If the answer is NO or NOT SURE, please complete this application. Please read the following instructions and guidelines before completing this application. Complete all questions unless otherwise noted.

How To Complete This Application

- · Use BLACK INK or a #2 pencil;
- Keep your numbers, letters and Xs inside the boxes;
- Do not use dollar signs when entering money amounts. The dollar sign is preprinted; and

Cents can be rounded to the nearest whole dollar.

Put an X in the box. DO NOT fill in or use check marks in boxes.

CORRECT



If You Are Assisting Someone Else With This Application

Answer the questions as if that person were completing the application. You must know that person's Social Security number and financial information. Also, complete Section B on page 6.

Completing Your Application

You may complete the online application at <u>www.socialsecurity.gov</u> or use the enclosed pre-addressed stamped envelope to return your completed and signed application to:

Social Security Administration Wilkes-Barre Data Operations Center P.O. Box 1020 Wilkes-Barre, PA 18767-1020

Return the entire package in the enclosed envelope. Do not include any attachments. If we need more information, such as statements from financial institutions, we will contact you.

If You Have Questions Or Need Help Completing This Application

You may call us toll-free at **1-800-772-1213**, or if you are deaf or hard of hearing, you may call our TTY number, **1-800-325-0778**.